1-800-325-8506

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM JC/OH
CAMPAIGN F	INANCE REPORT		C	COVER SHEET PG 1
Тте ЈС/ОН метистон Си	DE explains how to complete this form.	1 ACCOUNT# (Ethics Commission		2 Total pages filed
3 CANDIDATE /	TITLE FIRST			5 DESIGN USE ONLY
OFFICEHOLDER			ļ	OFFICE USE ONLY Date Received
NAME	Judge Joseph LAST	H	UFFIX	Dele Received (
	Joe Hart		Ì	
4 CANDIDATE /	ADDRESS / PO BOX APT / SUITE #	CITY STATE Z	IP CODE	177 gr
OFFICEHOLDER ADDRESS	1403 W. 9th St.	Austin TX 7	8703	
Change of Address	-			25 CC
5 CAMPAIGN	TITLE FIRST	h	Al	Receipt #
TREASURER NAME		t.j	, <b>†</b>	HD / PM Amount
MANIE	John John LAST		SUFFIX	Date Processed
				Date Imaged
	Stayton	/ SUITE # CITY S	STATE.	ZIP CODE
6 CAMPAIGN TREASURER ADDRESS (Residence or business		730112	• • • • • • • • • • • • • • • • • • •	-
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER				
PHONE	(512 ) 452-0583		· .	
8 REPORT TYPE	January 15 30th day before el	lection Runoff		15th day after campaign freasurer appointment (officeholder only)
	July 15 Sth day before ele			Final report (Attach JC/OH - FR)
9 PERIOD COVERED	Month Day Year 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Month HROUGH 1.2	Day 2 / 31 /	98
10 ELECTION	ELECTION DATE ELECTIO  Month Day Year	N TYPE		
		mary Runoff		Seneral Special
11 OFFICE	OFFICE HELD (f any)	12 OFFICE SOL	JGHT (fiknown)	
	Judge, 126th District	Court		
13 DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campa Candidates are required to disclose this info	aign expenditures made by off primation only if they receive i	hers without th notification of t	e candidate's prior consent or approval the direct campaign expenditure
BY OTHER INDIVIDUALS	Name			
·	Address / PO Box Apr. / Surte # City State	: Zip Code	<u> </u>	
addkional pages				
	GOT	TO PAGE 2		

Texas Ethics Commission	P.O. Box 120	70 Austin, Texas 78711-2070	(512) 463-5800 1-800-325-8506		
JUDICIAL CA SUPPORT &		/ OFFICEHOLDER REPO	ORT: FORM JC/OH COVER SHEET PG 2		
14 C/OH NAME			15 ACCOUNT # (Ethics Commission filers)		
" Joseph	H. Hart				
16 SUPPORTING POLITICAL COMMITTEE(S)	may have been mad	des political expenditures by political committees to su e without the candidate's or officeholder's knowledge or o n only if they receive notice of such expenditures	pport the candidate / officeholder. These expenditures consent. Candidates and officeholders are required to		
	COMMITTEE TYPE	COMMITTEE NAME	•		
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE COMPAIGN THE STREET			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
T CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (C S. LOANS, OR GUARANTEES OF LOANS), UNLE	1 6		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS) \$ -0-		
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UN	\$ -0-		
	4. TOTAL	POLITICAL EXPENDITURES	<b>\$</b> 3,211.25		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD	\$ 19,132.72		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LO AY OF THE REPORTING PERIOD	S - 0 -		
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
Notary Public, State of Texas My Commission Expires MAY 2, 2000					
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE					
Swom to and subscribed before me, by the said Joseph H. Hart this the 13 that day of January					
19 9 , to certify which, witness my hand and seal of office.					
Clara Arellano Notary Public Signature of officer administering oath Print name of officer administering oath Title of officer administering oath					

P O Box \*2070

POLITICAL EXPENDITURES			SCHEDULE F	
The Instructs	он Guide explains how to complete this form.	1 Total pages S	Schedule F	
FILER NAM	IE		# (Ethics Commission filers)	
Jose	ph H. Hart	· · · · · · · · · · · · · · · · · · ·		
Date	5 Payee name		7 Amount (\$)	
7/4/98	American Bar Assn.  6 Payee address City. State. Zip Code P. O. Box 4745 Carol Stream, IL 60197-474	ess City, State, Zip Code OX 4745		
8 Purpose of expenditure  9 •• Complete if direct expenditure to be Candidate - Officeholder name			C'OH ·· Office sought ' held	
<u>Membersh</u>			Amount	
Date	Payee name		(\$)	
7/4/98	Judicial Section, State Be Payee address City State Zip Code P. O. Box 13007 Austin, TX 78711	30.00		
Purpose of expenditure		Complete if direct expenditure to benefit Candidate / Officeholder name	t C/OH Office sough! / heid	
Membersh	ip Dues			
Date	Payee name		Amount ( <b>\$</b> )	
7/4/98	UT Law School Foundation Payee address City. State. Zip Code F. O. Box 149090 Austin, TX 78714-9090		100.00	
Purpose of expenditure		Complete if direct expenditure to benefit Candidate / Officeholder name	t C/OH •• Office sought / held	
Contribu	ition			
Date	Payee name		Amount (\$)	
8/13/98	AFL-CIO Council Payee address. City. State: Zip Code P. O. Box 684644 Austin, TX 78768-4644		295.00	
Purpose of expenditure		Complete if direct expenditure to beneficendidate / Officeholder name	it CrOH → Office sought / heid	
Advertis	sement	,		

LOANS (	JUDICIAL)			SCHEDULE E (J)
The Instruction Gu	υρε explains how to complete this form.		1 Total pages Sc	hedule E(J)
2 FILER NAME			3 ACCOUNT# (	Ethics Commission filers)
<b>4</b> TOT	AL OF UNITEMIZED LOANS: ⇔	ರ ರ ರ	ರ ರ	\$
5 Date of loan	7 Name of lender	out of state PAC		9 Loan Amount (\$)
Is lender a financial institution?	8 Lender address City State Zip	Code		10 Interest rate
Υ Ν				11 Maturity date
12 Lender's Principal O	Ccupation	13 Lender's Job Title	·	
4 Lender's Employer/L	aw Frim	15 Law Firm of lender	s spouse (if any)	
6 If lender is child, law	firm of parent(s) (if any)		······································	
7 Description of Collate	ral			
8 GUARANTOR INFORMATION	19 Name of guarantor			21 Amount Guaranteed (\$)
not applicable	20 6	Code		
2 Guarantor's Principal	Occupation	23 Guarantor's Job Title	· · · · · · · · · · · · · · · · · · ·	3
Guarantor's Employer	/Law Fnm	25 Law Firm of guarant	or's spouse (if any)	•
If guarantor is child, la	ew firm of parent(s) (if any)		<del></del>	
lf lender i	ATTACH ADDITIONAL COPIE s out-of-state PAC, please see instruct	S OF THIS FORM AS	NEEDED	
	,,		·	requirements.

## POLITICAL SCHEDULE F **EXPENDITURES** 1 Total pages Schedule F The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Etnics Commission fiers) 2 FILER NAME Joseph H. Hart Amount 5 Payee name (\$) Travis County Democratic Party 9/25/98 6 Payee address City, State Zip Code 100.00 1311 W. 6th Street Austin, TX 78702 · · Complete if direct expenditure to benefit C/OH · · 8 Purpose of expenditure Office sought / he d Candidate - Officeholder name Contribution Dale Payee name Amount (\$) American Inns of Court 9/28/98 Payee address City State, Zip Code 1301 W. 25th Street, #525 250.00 Austin, TX 78705 -- Complete if direct expenditure to benefit C/OH --Purpose of expenditure Office sought / held Candidate / Officeholder name Membership Dues Amount Date Payee name (\$) 9/28/98 AYLA Foundation Payee address. City, State, Zip Code 450.00 700 Lavaca, #602 Austin, TX 78701 Purpose of expenditure · Complete if direct expenditure to benefit C/OH ·· Office sought / held Candidate / Officeholder name Advertisement Payee name Amount Date (\$) 11/10/98 State Bar College Payee address. City, State; Zip Code 35.00 P. O. Box 12487 Austin, TX 78711-2487 · Complete if direct expenditure to benefit C/OH ·· Purpose of expenditure Candidate / Officeholder name Office sought their Membership Fee

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS (	JUDICIAL)			SCHEDULE E (J)
The Instruction Gi	UIDE explains how to complete this form.	1	Total pages Sc	nedule E(J)
2 FILER NAME		3	ACCOUNT#	Ethics Commission Fiers)
<b>4</b> TOT	TAL OF UNITEMIZED LOANS: ⇒	K & & &	÷	\$
Date of loan	7 Name of lender	out of state PAC	<del> </del>	9 Loan Amount (\$)
is lender a financial institution?	8 Lender address City, State Zij		• • • • • • • • • • • • • • • • • • • •	10 interest rate
Y N				11 Maturity date
2 Lender's Principal O	ccupation	13 Lender's Job Title		20
4 Lender's Employer/L	aw Frim	15 Law Firm of lenders s	pouse (if any)	
6 If lender is child, law	firm of parent(s) (if any)			
8 GUARANTOR INFORMATION  not applicable	ON  20 Guarantor address City. State Zip Code			21 Amount Guaranteed (\$)
2 Guarantor's Principal	Occupation	23 Guarantor's Job Title		
24 Guarantor's Employer/Law Frim		25 Law Firm of guarantor	s spouse (if any)	•
3 If guarantor is child, la	aw firm of parent(s) (if any)	<u> </u>		
lf lender i	ATTACH ADDITIONAL COPIE is out-of-state PAC, please see instruc	S OF THIS FORM AS Nition guide for addition	EEDED  al reporting	requirements

P O Box 12070

POLITI EXPEN	CAL IDITURES		SCHEDULE I
The Instruction Guide explains how to complete this form.			s Schedule F
FILER NAM	E	3 ACCOUNT	# (Ethics Commission filers)
Joseph !	H. Hart		
Date	5 Рауее папіе		7 Amount (\$)
1/10/98	Travis County Bar Assn.  6 Payee address. City. State. Zip Code 700 Lavaca, #602 Austin, TX 78701		200.00
Purpose of ex	rpenditure	9 ·· Complete / direct expenditure to bene Candidate / Officeholder name	efit C/OH Office sought ribeid
Banquet			
Date	Payee name		Amount (\$)
11/23/98	Travis County Democratic Payee address City State ZpC		
	1311 W. 6th Street Austin, TX 78702		1,500.00
Purpose of ex	penditure	Complete if direct expenditure to beni	
		Candidate / Officeholder name	Office sought / held
Contribut	ions		
Date	Payee name		Amount (\$)
	Payee address City State, Zip C	dode	
Purpose of expenditure		Complete if direct expenditure to beni Candidate / Officeholder name	efit C/OH ++ Office sought / haid
Date	Payee name		Amount (\$)
	Payee address: City, State; Zip C		
Purpose of expenditure		Complete if direct expenditure to beh Candidate / Officeholder name	efit C/OH Office sought ' held
		1	

P O Box 12070

LOANS (	JUDICIAL)			SCHEDULE E (J)
The Instruction Gu	UIDE explains how to complete this form.	1	Total pages Sci	hedure E(J)
2 FILER NAME		3	3 ACCOUNT # (Ethics Commission filers)	
TOT	AL OF UNITEMIZED LOANS:	ದ ಜ ಐ	÷ 4	\$
Date of loan	7 Name of lender	out of state PAC		9 Loan Amount (\$)
is lender a financial institution?	8 Lender address City State, Zip	Code	•• ••• • • • • •	10 Interest rate
Y N				11 Maturity date
2 Lender's Principal O	ccupation	13 Lender's Job Title		
4 Lender's Employerit	aw Frim	15 Law Firm of lender's s	pouse (if any)	· · · · · · · · · · · · · · · · · · ·
6 If lender is child, law	firm of parent(s) (if any)			
7 Description of Collate  none  GUARANTOR INFORMATION  not applicable	19 Name of guarantor	Code		21 Amount Guaranteed (\$)
22 Guarantor's Principal Occupation		23 Guarantor's Job Title		
Guarantor's Employe	/Law Fnm	25 Law Firm of guarantor	s spouse (if any)	
If guarantor is child, la	aw firm of parent(s) (if any)			
if lender i	ATTACH ADDITIONAL COPIE s out-of-state PAC, please see instruct	S OF THIS FORM AS Nition guide for addition	IEEDED nal reporting	requirements.

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	JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH - FR DESIGNATION OF FINAL REPORT				
	The Jo	C/OH Instruction Guide explains how to complete this form.  mplete only if "Report Type" on JC/OH_page 1 is marked "Final Report" ↔			
1	СОН	NAME 2 ACCOUNT # (Ethics Commission Ners)			
	J	oseph H. Hart			
3	SIGNA	<del></del>			
	a rep	ot expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating ort as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign butions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER splete A & B below only if you are a candidate			
	A.	CAMPAIGN FUNDS			
	Chec	k only one:			
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.			
	X	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions tonger than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254,204.			
	В.	ASSETS			
	Chec	k only one:			
	X	I do not retain assets purchased with political contributions or interest or other income from political contributions.			
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.			
		Signature of Candidate			
5		EHOLDER plete this section only if you are an officeholder			
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer appointment on file.			
		Signature of Officeholder			